

PROGRAM EVALUATION

We are eager to improve our programs and services for you. You can help us by taking just a moment to record your observations and ideas on this form. Remember, you are always welcome to visit our offices to discuss this or any other recreation matter in greater detail. Thank You!

Activity _____ Facility _____

Date(s) Used _____

Please evaluate the following as appropriate:

	Out-standing	Good	Average	Fair	Poor	
Supervisor/Instructor:						
Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Further comments are welcome.
Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facility:						Please make your remarks on the back of this form.
Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suitability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accessibility (Location)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Publicity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fees:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Would you recommend this program? ☐ yes ☐ no

Would you like to have similar programs? ☐ Yes ☐ No _____

What could the department do to make this program better? _____

What other programs/services would you like to see the department offer? _____

Optional: Name _____ Phone _____

Nominations for Instructor of the Year available at the office.

Return to staff, place in drop box, or mail to Director at:



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